

(pplication No. (if known): 10/705,780

Attorney Docket No.: 20050/0200474-US0

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Amendment in Response to Non-Final Office Action (8 pp)

Amendment Transmittal Sheet (1 page)

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FEE SUMMARY SHEET Fee Transmittal (PTO SB-17)

Date:

January 27, 2006

Time:

9:54 AM

Docket:

20050/0200474-US0

Filing Date:

November 10, 2003

Application No:

Total Fee:

10/705,780

\$1,630.00 1,780.00

Code	Amount	37 CFR	Fee Description	Listed on
1205	400 250:00	1.16(i)	Claims in excess of twenty	Fee Transmittal (PTO SB-17)
1203	360.00	1.16(j)	Multiple dependent claim	Fee Transmittal (PTO SB-17)
1253	1,020.00	1.17(a)(3)	Extension for response	Fee Transmittal (PTO SB-17)

01-30-06

AMENDMENT TRANSMITTAL LETTER

Docket No. 20050/0200474-US0

Application No. Filing Date Examiner Art Unit 10/705,780-Conf. #4388 November 10, 2003 J. F. Stephens 3761

Applicant(s): Satoshi Mizutani et al.

Invention: INTERLABIAL PAD

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENE	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	28	- 20 =	\$ 8	Х	50.00	420 0.00
Independent Claims	1	- 3 =		X		
Multiple Depen	dent Claims (ch	eck if applicabl	e) X			360.00
Other fee (pleas	se specify): E	Extension for res	ponse within th	ird mont	th	1,020.00
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			1,780.00
x Large Entity	1				Small Entity	
No addition	al fac in require	d for this amount	a dan a a t			

Other fee (please specify):	1,020.00		
TOTAL ADDITIONAL FEE	1,780.00		
x Large Entity	ty		
No additional fee is requ	ired for this amendr	nent.	
Please charge Deposit A A duplicate copy of this		in the amount of \$	·
X A check in the amount o	f\$ 1, 7 80.00	_ to cover the filing fee is er	iclosed.
Payment by credit card.	Form PTO-2038 is	attached.	
X The Director is hereby a as described below. A d		and credit Deposit Account s sheet is enclosed.	No. <u>04-0100</u>
x Credit any overpaym	nent.		
X Charge any additional	l filing or application p	processing fees required unde	r 37 CFR 1.16 and 1.17.
Thomas J. Beah		Dated:	January 27, 2006
Attorney/Agent Reg. No.: 4	4,528		
DARBY & DARBY P.C. P.O. Box 5257			
New York, New York, 10150	0-5257		

(212) 527-7700

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Under the Paperwon	Reduction Act of 1995	, no person are req	uired to i	respond to a collectio				control numbe
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
						10/705,780-Conf. #4388 November 10, 2003		
FEE TRANSMITTAL				·		·		
For FY 2005				First Named Inv		Satoshi Mizuta J. F. Stephens		
Appliance delains	!!4:44-4	C 07 CFD 4 07					<u> </u>	
	s small entity status.	_		Art Unit		3761	4.1100	
TOTAL AMOUNT OF	PAYMENT	(\$) 1, \$ \$0.00		Attomey Docket	No.	20050/020047	4-050	
METHOD OF PAY	MENT (check all t	hat apply)						
X Check Cr	edit Card N	Aoney Order	Non	e Other (please ident	ify):		
Deposit Account	Deposit Account Numb	er: <u>04-0100</u> Dep	osit Acc	ount Name:	D	arby & Darby	P.C.	
For the above	-identified deposit	account, the Dire	ector is	hereby authorize	ed to: (chec	k all that apply)		
Charge	fee(s) indicated bel	ow		Charge	e fee(s) ind	icated below, ex	cept for th	e filing fee
	any additional fee(s		ent of	x Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SE	ARCH, AND EXAM	INATION FEES	3					
		G FEES	SEA	ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100	7.000	<u> </u>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	-	
2. EXCESS CLAIM FE	ES							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (ii	- ,						50	25
Each independent clai		g Reissues)					200	100
Multiple dependent cl	aims						360	180
		ee (\$)		Paid (\$) Multiple Dependent Claims				
2825=_	x _5	0.00 =	256	:00- 400			ee Paid (\$)	
Indan Claims	Turken Obstance - F	(4)	F D	~: ~! (^)	360	0.00	360.00	-
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
1 -3 = -								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00								
SUBMITTED BY Registration No. 44 539 Talabase (242) 537 7700								
Signature	THERE			(Attorney/Agent)	44,528	Telephone	(212) 527	
Name (Print/Type) Thor	nas J. Bean					Date .	January 2	7, 2006